

**RECEIVED**

By Carol Day at 1:27 pm, Feb 20, 2014

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 105451	PRINTER SN 096-3580.925	DATE OF INSPECTION 02/14/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S. Main Street, Excelsior Springs		TIME OF INSPECTION 8:38 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☐ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☐ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☐ PRINTER WORKING PROPERLY

☐ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☐ COMPRESSED ETHANOL-GAS MIXTURE

☐ STANDARD SUPPLIER \_\_\_\_\_ LOT # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

☐ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1	TEST 2	TEST 3
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☐ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument taken out of service due to a battery issue with the printer. Transported to the Missouri Safety Center for service.

**INSPECTING OFFICER**

SIGNATURE  
*Larry Tarrant*

PRINT NAME  
Sgt. Larry Tarrant

TYPE II PERMIT NUMBER/EXPIRATION DATE  
220270 / 09-13-2014

TELEPHONE NUMBER  
(816) 629-7105

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901